**Public Health Solutions**

**Request for Proposals: Staten Island PEP Center of Excellence and PrEP Navigation**

**Solicitation #: 2018.03.HIV.02.01**

**March 14, 2018**

**ORGANIZATION INFORMATION COVER SHEET**

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| **Organization’s Full Legal Name:** |

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| **Doing Business As (d/b/a) if applicable:** |

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| --- |
| **Main Address** *(administration)***:** |

|  |  |
| --- | --- |
| **Executive Director/CEO (name/title):** | |
| **Telephone** *(area code + ext.)***:** | **Email:** |

|  |  |
| --- | --- |
| **Primary Proposal Contact (name/title):** | |
| **Telephone** *(area code + ext.)***:** | **Email:** |

|  |  |
| --- | --- |
| **Secondary Proposal Contact (name/title):** | |
| **Telephone** *(area code + ext.)***:** | **Email:** |

|  |  |
| --- | --- |
| **Employer Identification Number (EIN):** | **DUNS #:** |

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| **NYC Payee Information Portal (PIP) Vendor Number** *(for additional information, go to website:* [*https://a127-pip.nyc.gov/webapp/PRDPCW/SelfService*](https://a127-pip.nyc.gov/webapp/PRDPCW/SelfService)*)***:** |

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| **Date of Incorporation:** | **Current total annual operating budget:** |

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| **Most recent year for which a certified audited financial statement is available (including A-133 if applicable):** |

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| **Website address:** |